

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001002 (3)**  
1. Corporation Name  
**WINSTAR WIRELESS OF FLORIDA, INC.**



Principal Place of Business <b>7799 LEESBURG PIKE 401 S TYSONS CORNER VA 22043 US</b>	Mailing Address <b>7799 LEESBURG PKE 401 S TYSONS CORNER VL 22043-2413 US</b>
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3. Date Incorporated or Qualified <b>03/01/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>13-30 3568</b> <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7799 LEESBURG PIKE</b> Suite, Apt. #, etc. 22 <b>SUITE 401S</b> City & State 23 <b>TYSONS CORNER VA</b> Zip 24 <b>22043</b>	2a. Mailing Address 26 <b>7799 LEESBURG PIKE</b> Suite, Apt. #, etc. 27 <b>SUITE 401S</b> City & State 28 <b>TYSONS CORNER VA</b> Zip 29 <b>22043</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**HQ CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE STE 200  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b>
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RALPH PELVSO</b>
STREET ADDRESS	<b>7799 LEESBURG PKE 401 S</b>
CITY - ST - ZIP	<b>TYSONS CORNER VA</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>ACKERMAN, DAVID</b>
STREET ADDRESS	<b>1146 19TH STREET, NW STE 200</b>
CITY - ST - ZIP	<b>WASHINGTON DC</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>TIMOTHY GRAHAM</b>
STREET ADDRESS	<b>230 PARK AVE</b>
CITY - ST - ZIP	<b>NY NY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROUHANA JR, WILLIAM J</b>
STREET ADDRESS	<b>1146 19TH STREET, NW STE 200</b>
CITY - ST - ZIP	<b>WASHINGTON DC</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STEVEN J CHRUST</b>
1.3 STREET ADDRESS	<b>230 PARK AVE. STE 312 G</b>
1.4 CITY - ST - ZIP	<b>NEW YORK, NY 10169</b>
2.1 TITLE	<b>ASST. SEC.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROB BERGER</b>
2.3 STREET ADDRESS	<b>1146 19TH ST. NW # 200</b>
2.4 CITY - ST - ZIP	<b>WASHINGTON, DC 20036</b>
3.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>NATHAN KANTOR</b>
3.3 STREET ADDRESS	<b>230 PARK AVE. STE 312 G</b>
3.4 CITY - ST - ZIP	<b>NEW YORK, NY 10169</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FREDRIC E. VON STANGE</b>
4.3 STREET ADDRESS	<b>230 PARK AVE STE 312 G</b>
4.4 CITY - ST - ZIP	<b>NEW YORK, NY 10169</b>
5.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RICHARD M. SCHORR</b>
5.3 STREET ADDRESS	<b>7799 LEESBURG PIKE STE 401S</b>
5.4 CITY - ST - ZIP	<b>TYSONS CORNER VA 22043</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert G. Berger** 3-31-97 202.530.7655  
Date Daytime Phone #

CR2E034 (9/96)